

► SOCIAL COMMENTARY

Affirmative Action and Diversity in the Medical Profession

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If one could adopt an ancestor, I would like to have Martin Robison Delany in our family. Despite inquiries, we could not find direct family ties to this famous African-American pioneer physician even though the name Delany is spelled the same as our name. Of course, it is possible there is an unknown connection since heritage for slave related families is quite confusing. Martin Robison Delany was born in 1812 in Charleston, Virginia. The earliest identified relative for our family was Thomas Stanley Delany born in 1810. Later venerable members of our family include Bishop Henry Beard Delany (1858-1928), born a slave, and my father Judge Hubert Thomas Delany (1910-1990) (Delany, 1991). My father's sisters Sadie (1889-1998) and Bessie Delany (1891-1995) became famous by the publication and later dramatization of their story "Having Our Say;" the story of two sisters over 100 years of age growing up in the South as black females. The book describes their struggle to become professional women in New York City (Delany, 1993).

The definition by the American Association of Medical Colleges (AAMC) for underrepresented minorities is African-American, Mexican-Americans, Native-Americans (American Indian, Alaskan Natives, and Native Hawaiians), and mainland Puerto Ricans. In a document reviewing the definition, it is stated:

The AAMC efforts reflect the longstanding commitment to diversity. This effort will enable the AAMC and the members institutions to better address the critical challenges of ensuring access to health care for all and eliminating racial and ethnic disparities in health status (AAMC, 2002).

In the year 2000, the total number of physicians in the United States was recorded as 812,000, of which 240,313 were recorded as unknown racial or ethnic identity. The number of African-American physicians in the United States was recorded as 20,464 (2.5%), the number of Hispanic physicians was 28,189 (3.5%), and the number of Asian physicians was 72,602 (8.9%) (American Medical Association, 2003).

The admission of all minorities to American medical schools has shown a rising percentage at 33.2% in 1998 but a smaller rise in underrepresented minorities at 14.9% in the same year. The number of African-American medical school applicants has remained almost steady. There were 2,940 applicants in 1999 and 2,978 applicants in 2002. African-American medical school enrollment has

fallen slightly since 1990 when it was 1,307 students. In 1999, 1,122 students were enrolled and in 2002 1,282 students enrolled (AAMC, 2000). African-American women have exceeded the number of black males by approximately one third.

In 1849, Martin Robison Delany was admitted to the Harvard Medical School by Oliver Wendell Holmes and subsequently dismissed on demand by members of the student body. To quote from the article entitled "Pride, prejudice, and Politics" by Philip Cash dated December 1980 in the *Harvard Medical School Alumni Bulletin*;

On Tuesday morning, December 10, [1849] the students of Harvard Medical School... assembled to consider the question of the three blacks in their midst and the rumor that a women was soon to join them. At this morning session a committee was appointed to draft resolutions... The meeting was then adjourned until the afternoon when a smaller number of students—about sixty out of a class of 116 (counting the three blacks) reassembled. At this afternoon meeting two series of resolutions were passed and forwarded to the medical faculty. The first series expressed opposition to the admission of a women and were passed with little or no dissent. The second series protested the admission of the three blacks. These were much more controversial and were passed over strong objection. The arguments in these resolutions have a familiar ring; the students had not been informed that such a decision had been made, the presence of blacks would cheapen the Harvard medical degree, the quality of education would suffer, the presence of an inferior race was socially offensive (Cash, 1980).

Fortunately, there was a group of dissenting medical students who expressed their feelings in the following resolution.

The undersigned members of the Medical Class desire to express their dissent from the resolutions adopted by the class in regard to the colored students attending the Lectures, and their entire acquiescence in the course which the Medical Faculty have seen fit to adopt in occasion had occurred

Affirmative Action and Diversity in the Medical Profession

for the agitation of this question; but as students of science, above all, as candidates for the profession of medicine, they would feel it a far greater evil, if, in the present state of public feeling, a medical college in Boston could refuse to this unfortunate class any privileges of education, which it is in the power of the profession to bestow (Cash, 1980).

Oliver Wendell Holmes made a historically noteworthy decision in admitting three blacks and women to Harvard medical school in 1849. His sense of justice deserves praise even today. However, he did acquiescence to the students who opposed admitting these four students. Obviously, Professor Holmes believed in what could be described as an early version of affirmative action but he did not have the courage to see it through even through he had some student support.

With regard to the question of criteria for admission at the time of the Delany application to Harvard Medical School, the Alumni Bulletin article by Cash stated:

The criteria for acceptance were basically the same as when the school had opened in 1782; three years training with a regular physician, evidence of good moral character, and a college degree (which only a small minority held) or a demonstration of a knowledge of Latin, mathematics, and basic science deemed satisfactory by the medical faculty. Unstated, of course, but traditionally assumed, was that acceptable candidates would also be white and male (Cash, 1980).

To appreciate the nuances of the current concept of Affirmative Action requires a perspective on the racial climate of past times. The views held by the Harvard medical students in 1849 towards African-American people and towards women are familiar. Mixed with a negative attitude towards African-Americans people that many white people still harbor is the strong current fear of competition for access to the elite professions of medicine and law. Should African-Americans be refused opportunity to enter the medical profession because of test scores? Should a society have a structure that in some respects stands directly in the way of self-improvement? There is talk in the current media about "legacy" and its influence on admission to elite colleges and graduate schools, but the only legacy that African-Americans have is slavery with its destructive effects on family and cultural identity.

Instead of overt discrimination against minorities like the clearly stated distaste for attending school with African-Americans articulated by the Harvard Medical School students in 1849, the college grade point average (GPA) and medical college aptitude test (MCAT) scores are currently

used as preliminary screening measures for medical school admission. This screening is a process that effectively achieves discrimination since relatively few African-American students are exposed to the schooling, tutoring, and financial support needed to qualify for medical school admission. The criteria for admission to Harvard over 150 years ago spoke of "good moral character" and other attributes that basically allowed entrance to anyone who was found agreeable to the faculty (Cash, 1980).

In an effort to address the need for an increase in medical school minority student admissions, the AAMC has defined and endorsed the concept of "non-cognitive strengths." This concept is designed to increase consideration of underrepresented minorities. Non-cognitive strengths are being used by many schools as important additional and supplementary admission criteria to evaluate candidates for medical school. Non-cognitive attributes and qualifications include: leadership, realistic self-appraisal, determination and motivation, family and community support, social interest, maturity and coping capability, and communication skill (AAMC, 2002).

Certainly on all counts, excepting the non-existing MCAT and GPAs, Martin Robison Delany would have been an outstanding candidate for medical school by today's AAMC endorsed standards using consideration of non-cognitive strengths. Delany was described as a leader in various black self-improvement societies, black politics, the Underground Railroad, and the abolitionist movement. He was the "Father of Black Nationalism," based on his writing and editing skills as co-founder with Frederick A. Douglass and William Nell of the Rochester North Star which was "the leading black newspaper of the ante-bellum period." The failure to continue Martin Delany at Harvard Medical School was their loss. The dismissal of such an important pioneer is a regrettable mistake.

There is appropriate attention being given to disparities in health outcomes and the need for more diversity among health care providers. Many medical schools have developed special exposure and tutorial programs for minority elementary, high school, and college children to encourage entering the medical profession. However, the modest rate at which African-American medical students are being admitted, despite a rising number of all minorities entering medical school, signals a failure of such "pipeline" programs to stimulate interest in medical careers in the black community (Murray-Garcia and Garcia, 2003). The factors that are continuously working against progress in this regard include the high cost of medical education, and the extraordinary demand in terms of years in training for a medical school. If Oliver Wendell Holmes had the courage to admit a Martin Delany to Harvard at the time that he did, the medical schools today should show the same kind of vision and should enthusiastically adopt use of the non-cognitive

Affirmative Action and Diversity in the Medical Profession

criteria advocated by the AAMC for consideration of students for medical school admission.

REFERENCES

American Association of Medical Colleges. (2000) Minority Graduates of U.S. Medical Schools: *Trends* 1950-1998.

American Association of Medical Colleges. (2002) Draft Web Document, Discussion Document and Alternative Policy Option, pp. 1-7.

American Medical Association. (2003) Physician Characteristics and Distribution in the US.

Cash, P. (1980) Pride, Prejudice, and Politics. *Harvard Med. Alum. Bull.*

Delany, H.M. (1991) On Archon Hubert T. Delany. *The Boule Journal* pp. 90-91.

Delany, S., Delany, A.E., and Hill Hearsh, A. (1993) *The Delany Sisters First 100 Years*. Kadansha America, Inc.

Murray-Garcia, J. and Garcia, J.A. (2003) From enrichment to equity, comments of diversifying the K 12 medical School Pipeline. *J. Nat. Med. Assn.* **94**:721-731.

Commentary

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